(Print Name of lobbyist)

## STATE OF NEW HAMPSHIRE

## 2019 Statement of Income and Expenses

for LOBBYISTS (RSA Chapter 15)

RECEIVED

PLEASE PRINT

Curtis J. Barry

I. Name of Lobbyist(s)	· · ·			DEPARTMENT OF STATE
II. Name of lobbyist's partnership, firm or corporation	on, if any:			DEFARTMENT OF STATE
Barry Government	_	s, LL0	C	
(Name of partnership, firm or corporation)	1	•		
4 Park Street, Suite 405 Co	oncord,	NH	03301	
Business Address: (Street) (Town/			(State)	(Zip Code)
( ) 603-496-4564 ( )			e-mail	curtis@barrygr.com
(Telephone)	(Fax)			
III. This statement covers: (Choose one – file separat reportable expense transactions which are not attributed.)	utable to ai	ıy one ç	lient).	
All reportable transactions occurring in the months p	prior to the i	eporting	g date relative	e to the following client:
N.H. Optometric Association				
(Full Name of Client as it appears o	n the Lobbyi	st Regist	ration Form)	
OR  ☐ All reportable transactions by the lobbyist (including unrelated to any particular client.	the lobbyis	t's fami	ly), or the lob	obying firm listed below which are
IV. Date of Report April 24, 2019 Reports cover: activity from date of registration to 3/31/1	9 ., ac		y 31, 2019 [ om 4/1/19 to 6	
October 30, 2019  activity from 7/1/19 to 9/30/19	a		uary 29, 202 com 10/1/19 to	
V. There have been no fees received and no repoil this box is checked, complete just this form and submit Concord, NH 03301.				
VI. Check if additional reports are attached:				
If you have received fees or made expenditures, you	must file A	ddendi	ım A– Fees a	and Expenses
☐ If you have paid an honorarium or reimbursed exper Expense Reimbursement				
☐ If you, your firm, or your family has made political	contribution	ıs, you ı	nust file Ado	lendum C+ Political Contributions
Sworn Statement/Affirmation by Lobbyist I have read RSA 15, RSA 15-B, RSA 14-C and RSA 66- and complete to the best of my knowledge and belief.  (Signature of lobbyist)	4 and hereb	y swcar	1.7	t the foregoing information is true  5-19 (Date)
USISTA J. RAZRY				,

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## STATE OF NEW HAMPSHIRE

# Lobbyists Fees and Expenses Addendum A

(RSA Chapter 15:6)

II. Name of lobbyist's partnership, firm or corporation, if any:		
Barry Government Relations		
(Name of partnership, firm or corporation)		
III. Name of ClientN.H. Optometric Association	Date	April 15, 2019
IV. Fees Received Indicate the gross amount of all fees received from the client identified above to lobbying, including fees for services such as public advocacy, government including research, monitoring legislation, and related legal work. The grareduced by any expenses:	relations,	or public relations serve nount reported shall not
a) Total of all fees received in this reporting period	a) \$	\$10,800
b) Total of all fees received this calendar year, prior to this reporting period (This should equal the total of all prior monthly reports for this calendar year).	b) \$ ear)	NA
c) Total of all fees received to date (Add lines a and b)	c) \$	\$10,800
d) Indicate the amount of any such fees that are due, but have not yet been paid	d) \$	\$0
V. Expenses:	· .	~.
Lobbyist(s)/Lobbying partnerships, firms, or corporations are required to repfees. Separate reports are to be filed for expenditures made relative to each of the lobbyist(s)/firm that are unrelated to any one client a separate report of Expenses are to be reported in one of three categories of expenses: (a) the during the reporting period for salaries, benefits, support staff, and office exindividual expenses where the expenditure was of \$25.00 or less (for example lunch where the cost was \$25.00 or less, purchase of a pen with a value of lessing lobbied, purchase of a ceremonial object given to a person being lobbied (c) an itemized statement of each individual expenditure made during this report any purpose not covered by (a) (for example: purchase of a meal with value ceremonial object to be given to the subject of lobbying with a value greater restaurant expenses for a legislative reception). Expenses for honorariums, contributions will be reported on separate addendums and should not be reported.	elient and may be fi aggregate epenses; ( e: meals ss than \$1 d with a rrting period e of greater than \$2 expense	if expenditures are made led for the lobbyist(s)/f e total of all expenses p b) the aggregate total of purchased during a busing 0 that is given to the per- value of \$25.00 or less); and of greater than \$25.00 ter than \$25, purchase 5, but not greater than treimbursement, or poli-
a) Total aggregate expenses for this reporting period for salaries, benefits,	a) <b>S</b>	
support staff, and office expenses, related directly or indirectly to lobbying.	. u, s	
	:	

d) Total expenses for this reporting period (Add lines a, b and c)	d) \$
e) Total of expenses paid this calendar year, prior to this reporting period (This should be the amount on line f of addendum A for last month's report)	e) \$
f) Total of all expenses year to date	f) \$
VI. Other Expenses: Provide the following detail for all expenditures of more than \$25 made from period, including by whom paid or to whom charged.	obbying fees during this reporting
Paid to:	Amount:
	\$
	\$
	\$
	\$
	\$
	\$
•	
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,	,
Sworn Statement/Affirmation by Lobbyist	
I have read RSA 15, RSA 15-B and RSA 664 and hereby swear or affirm	n that the foregoing information
is true and complete to the best of my knowledge and belief.	
in differ	4-15-19
(Signature of lobbyist)	(Date)
CURTIN J. BARRY	
(Print Name of lobbyist)	